

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

Dolan for Ohio

ADDRESS (number and street)

2226 Edgeview Drive

Check if different
than previously
reported. (ACC)

Hudson

OH

44236

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00790386

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

OH

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2022

through

M M / D D / Y Y Y Y
12 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

O'Brien, Norbert, G, Mr., III

Type or Print Name of Treasurer

O'Brien, Norbert, G, Mr., III

Signature of Treasurer

[Electronically Filed]

Date

M M / D D / Y Y Y Y
01 / 31 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 20

Write or Type Committee Name
Dolan for Ohio

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2022

To:

M M / D D / Y Y Y Y
12 / 31 / 2022

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1300.00	8677175.27
(b) Total Contribution Refunds (from Line 20(d))	0.00	116516.22
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1300.00	8560659.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45860.37	11085153.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3619.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	45860.37	11081533.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	46590.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2607000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

PAGE 3 / 20

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Dolan for Ohio

Report Covering the Period:

From:

MM / DD / YYYY
10 / 01 / 2022

To:

MM / DD / YYYY
12 / 31 / 2022

I. RECEIPTS

COLUMN A
Total this PeriodCOLUMN B
Election Cycle Total as ofMM / DD / YYYY
11 / 08 / 2022
(date of general election)COLUMN C
Total forMM / DD / YYYY
11 / 09 / 2022
(date after general election)

through

MM / DD / YYYY
12 / 31 / 2022
(last day of reporting period)

11. CONTRIBUTIONS

(other than loans) FROM:

- (a) Individuals/Persons Other than
Political Committees
- (i) Itemized (use Schedule A)

1000.00

630246.55

1000.00

(ii) Unitemized

300.00

32228.72

300.00

(iii) Total of contributions from individuals

1300.00

662475.27

1300.00

(b) Political Party Committees

0.00

0.00

0.00

(c) Other Political Committees

0.00

24700.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 20

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	7990000.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
1300.00	8677175.27	1300.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	2607000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	2607000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	3619.66	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
1.71	7003.21	1.01
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
1301.71	11294798.14	1301.01

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 20

Write or Type Committee Name

Dolan for Ohio

Report Covering the Period:

From:

10

01

2022

To:

12

31

2022

II. DISBURSEMENTS

COLUMN A
Total this PeriodCOLUMN B
Election Cycle Total as of *
(date of general election)
(* See page 5 for date)COLUMN C
Total for * (date after general election)
through * (last day of reporting period)
(* See page 5 for dates)

17. OPERATING EXPENDITURES

45860.37

11085153.19

44589.52

18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0.00

116516.22

0.00

(b) Political Party Committees

0.00

0.00

0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 20

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

116516.22

0.00

21. OTHER DISBURSEMENTS

3250.00

3250.00

0.00

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

49110.37

11204919.41

44589.52

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

1300.00

8560659.05

1300.00

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

45860.37

11081533.53

44589.52

V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

24. TOTAL RECEIPTS THIS PERIOD (from Line 16).....

25. SUBTOTAL (add Line 23 and Line 24).....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

94398.88

1301.71

95700.59

49110.37

46590.22

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Dolan for Ohio

A. Full Name (Last, First, Middle Initial)
FALLS, ROBERT, , ,

Mailing Address 166 SOUTH MAIN STREET

City CHAGRIN FALLS	State OH	Zip Code 44022-3228
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. C

Name of Employer FALLS COMMUNICATIONS	Occupation CEO
--	-------------------

Receipt For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2022

Transaction ID : SA11A.1634

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. C

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 20

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Dolan for Ohio

A. Full Name (Last, First, Middle Initial)
KEY BANK

Mailing Address 34801 EUCLID AVENUE

City WILLOUGHBY	State OH	Zip Code 44094
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1175.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2022

Transaction ID : SA15.668

Amount of Each Receipt this Period

0.47

☐ Memo Item
INTEREST EARNED

B. Full Name (Last, First, Middle Initial)
KEY BANK

Mailing Address 34801 EUCLID AVENUE

City WILLOUGHBY	State OH	Zip Code 44094
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1175.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2022

Transaction ID : SA15.671

Amount of Each Receipt this Period

0.23

☐ Memo Item
INTEREST EARNED

C. Full Name (Last, First, Middle Initial)
KEY BANK

Mailing Address 34801 EUCLID AVENUE

City WILLOUGHBY	State OH	Zip Code 44094
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1175.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2022

Transaction ID : SA15.669

Amount of Each Receipt this Period

0.45

☐ Memo Item
INTEREST EARNED
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1.15

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Dolan for Ohio

A. Full Name (Last, First, Middle Initial)
KEY BANK

Mailing Address 34801 EUCLID AVENUE

City WILLOUGHBY	State OH	Zip Code 44094
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1175.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 30 / 2022

Transaction ID : SA15.672

Amount of Each Receipt this Period

0.15

☐ Memo Item
INTEREST EARNED

B. Full Name (Last, First, Middle Initial)
KEY BANK

Mailing Address 34801 EUCLID AVENUE

City WILLOUGHBY	State OH	Zip Code 44094
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1175.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2022

Transaction ID : SA15.670

Amount of Each Receipt this Period

0.25

☐ Memo Item
INTEREST EARNED

C. Full Name (Last, First, Middle Initial)
KEY BANK

Mailing Address 34801 EUCLID AVENUE

City WILLOUGHBY	State OH	Zip Code 44094
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1175.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2022

Transaction ID : SA15.673

Amount of Each Receipt this Period

0.16

☐ Memo Item
INTEREST EARNED
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.56
1.71

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Dolan for Ohio

Full Name (Last, First, Middle Initial) A. O'BRIEN, NORBERT, , ,				Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2022	
Mailing Address 2226 EDGEVIEW DRIVE					
City HUDSON		State OH	Zip Code 44236		
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="text"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
Full Name (Last, First, Middle Initial) B. KEY BANK				Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2022	
Mailing Address 34801 EUCLID AVENUE					
City WILLOUGHBY		State OH	Zip Code 44094		
Purpose of Disbursement BANK FEE			<input type="text"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
Full Name (Last, First, Middle Initial) C. ARENA LLC				Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2022	
Mailing Address 1260 STRINGHAM AVENUE SOUTH, #350					
City SALT LAKE CITY		State UT	Zip Code 84109		
Purpose of Disbursement WEB SERVICE			<input type="text"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:				
SUBTOTAL of Disbursements This Page (optional)				680.00	
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Dolan for Ohio

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD

City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

555.10

Transaction ID : SB17.I654

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEY BANK

Mailing Address 34801 EUCLID AVENUE

City
WILLOUGHBYState
OHZip Code
44094Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

0.50

Transaction ID : SB17.I656

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEY BANK

Mailing Address 34801 EUCLID AVENUE

City
WILLOUGHBYState
OHZip Code
44094Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I657

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

580.60

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Dolan for Ohio

Full Name (Last, First, Middle Initial)

A. KEY BANK

Mailing Address 34801 EUCLID AVENUE

City
WILLOUGHBYState
OHZip Code
44094Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

0.25

Transaction ID : SB17.I658

☐ Memo Item**B. KEY BANK**

Mailing Address 34801 EUCLID AVENUE

City
WILLOUGHBYState
OHZip Code
44094Purpose of Disbursement
BANK FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.I659

☐ Memo Item**C. O'BRIEN, NORBERT, , ,**

Mailing Address 2226 EDGEVIEW DRIVE

City
HUDSONState
OHZip Code
44236Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.I664

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

610.25

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dolan for Ohio

Full Name (Last, First, Middle Initial)

A. ARENA LLC

Mailing Address 1260 STRINGHAM AVENUE SOUTH, #350

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2022

City
SALT LAKE CITYState
UTZip Code
84109Purpose of Disbursement
WEB SERVICE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.I655

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. COLUMBUS DISPATCH

Mailing Address 62 EAST BROAD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2022

City
COLUMBUSState
OHZip Code
43215Purpose of Disbursement
NEWS SUBSCRIPTION

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.00

Transaction ID : SB17.I680

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. HUCKABY DAVIS LISKER

Mailing Address 228 SOUTH WASHINGTON ST, STE 115

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		30		2022

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
COMPLIANCE CONSULTING

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

112.50

Transaction ID : SB17.I660

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

183.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Dolan for Ohio

Full Name (Last, First, Middle Initial) A. O'BRIEN, NORBERT, , ,				Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2022	
Mailing Address 2226 EDGEVIEW DRIVE					
City HUDSON		State OH	Zip Code 44236		
Purpose of Disbursement COMPLIANCE CONSULTING			<input type="text"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			Amount of Each Disbursement this Period 600.00	
				Transaction ID : SB17.I681	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) B. KEY BANK				Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2022	
Mailing Address 34801 EUCLID AVENUE					
City WILLOUGHBY		State OH	Zip Code 44094		
Purpose of Disbursement BANK FEE			<input type="text"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			Amount of Each Disbursement this Period 10.00	
				Transaction ID : SB17.I662	
				<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) C. PUBLIC OPINION STRATEGIES				Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2022	
Mailing Address 214 NORTH FAYETTE STREET					
City ALEXANDRIA		State VA	Zip Code 22314		
Purpose of Disbursement RESEARCH			<input type="text"/>		
Candidate Name			Category/ Type		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			Amount of Each Disbursement this Period 43000.00	
				Transaction ID : SB17.I665	
				<input type="checkbox"/> Memo Item	
SUBTOTAL of Disbursements This Page (optional).....▶				43610.00	
TOTAL This Period (last page this line number only).....▶					

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Dolan for Ohio

Full Name (Last, First, Middle Initial)

A. ZOOM

Mailing Address 55 ALMADEN BOULEVARD, STE 600

Date of Disbursement

M M	D D	Y Y Y Y
12	27	2022

City
SAN JOSEState
CAZip Code
95113Purpose of Disbursement
WEB SERVICE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

160.02

Transaction ID : SB17.I661

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. KEY BANK

Mailing Address 34801 EUCLID AVENUE

Date of Disbursement

M M	D D	Y Y Y Y
12	30	2022

City
WILLOUGHBYState
OHZip Code
44094Purpose of Disbursement
BANK FEE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.I674

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. KEY BANK

Mailing Address 34801 EUCLID AVENUE

Date of Disbursement

M M	D D	Y Y Y Y
12	30	2022

City
WILLOUGHBYState
OHZip Code
44094Purpose of Disbursement
BANK FEE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.I675

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

196.02

TOTAL This Period (last page this line number only).....▶

45860.37

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dolan for Ohio

Full Name (Last, First, Middle Initial)

A. BALDERSON FOR CONGRESS

Mailing Address 4679 WINTERSET DR

City
COLUMBUSState
OHZip Code
43220-8113Purpose of Disbursement
CONTRIBUTION

Candidate Name

BALDERSON, WILLIAM, TROY, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State: OH

District: 12

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2022

FEC Identification Number

C C00662650

Amount of Each Disbursement this Period

250.00

Transaction ID : SB21.I678

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAREY FOR CONGRESS

Mailing Address PO BOX 16032

City
COLUMBUSState
OHZip Code
43216Purpose of Disbursement
CONTRIBUTION

Candidate Name

CAREY, MIKE, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State: OH

District: 15

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2022

FEC Identification Number

C C00779603

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.I677

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR TURNERMailing Address 120 W 2ND STREET
SUITE 1510City
DAYTONState
OHZip Code
45402-1603Purpose of Disbursement
CONTRIBUTION

Candidate Name

TURNER, MICHAEL, R REP., ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State: OH

District: 10

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2022

FEC Identification Number

C C00373001

Amount of Each Disbursement this Period

500.00

Transaction ID : SB21.I679

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Dolan for Ohio

Full Name (Last, First, Middle Initial)

A. STEVE CHABOT FOR CONGRESS

Mailing Address 9856 ARCHER LN

City
DUBLINState
OHZip Code
43017-8914Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHABOT, STEVE, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State: OH

District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2022

FEC Identification Number

C C00301838

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.l676

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

3250.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 20

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Dolan for Ohio

Transaction ID : SC10.1

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

DOLAN, MATTHEW, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
515 SOLON ROAD

City

CHAGRIN FALLS

State

OH

ZIP Code

44022

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 22 D /

Y 2021 Y

M 12 M /

D 31 D /

Y 2022 Y

0%

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 20

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.2

Dolan for Ohio

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

DOLAN, MATTHEW, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
515 SOLON ROAD

City

CHAGRIN FALLS

State

OH

ZIP Code

44022

☐ Personal Funds of the Candidate

Original Amount of Loan

2000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M /

D 02 D /

Y 2021 Y

M 12 M /

D 31 D /

Y 2022 Y

0%

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 20

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.399

Dolan for Ohio

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

DOLAN, MATTHEW, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
515 SOLON ROAD

City

State

ZIP Code

CHAGRIN FALLS

OH

44022

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

107000.00

0.00

107000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 13 D /

Y 2022 Y

M 12 M /

D 31 D /

Y 2022 Y

0%

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

107000.00

TOTALS This Period (last page in this line only).....▶

2607000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.